

**HAZARDOUS WASTE SECTION - COMPLIANCE BRANCH – FINANCIAL ASSURANCE
FILE TRANSMITTAL & DATA ENTRY FORM**

Your Name: JENNY W. LOPP

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Author(s) of Document: JENNY W. LOPP

Inspector Name: JENNY W. LOPP

Suborganization:

County (if not on report): Union

FINANCIAL ASSURANCE EVALUATION DATA

New: ☒

Change:

Delete:

REASON: FINANCIAL RESPONSIBILITY

VIOLATION TYPE: _____ **DATE DETERMINED:** [Click here to enter a date.](#)

BRANCH:

PERSON:

SCHEDULED RETURN TO COMPLIANCE: [Click here to enter a date.](#)

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